

FL-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Mark Vincent Kaplan (SBN 58836)  
 James M. Simon (SBN 109913)  
 KAPLAN & SIMON, L.L.P.  
 2049 Century Park East, Suite 2660  
 Los Angeles, CA 90067

TELEPHONE NO.: (310) 277-9009

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): Kevin Federline

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

STREET ADDRESS: 111 N. Hill Street

MAILING ADDRESS: 111 N. Hill Street

CITY AND ZIP CODE: Los Angeles, CA 90012

BRANCH NAME: Central District

PETITIONER/PLAINTIFF: BRITNEY SPEARS

RESPONDENT/DEFENDANT: KEVIN FEDERLINE

OTHER PARENT/CLAIMANT:

FOR COURT USE ONLY

FILED

LOS ANGELES SUPERIOR COURT

OCT 10 2007

JOHN A. CLARKE, CLERK

BY M. ARNOLD, DEPUTY

## INCOME AND EXPENSE DECLARATION

CASE NUMBER:  
BD 455 662

## 1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

a. Employer: Gooseneck Productions, Inc.

b. Employer's address:

c. Employer's phone number:

d. Occupation: Performing Artist (self-employed)

e. Date job started: 4/18/05

f. If unemployed, date job ended:

g. I work about 40 hours per week.

h. I get paid \$ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

Attach copies  
 of your pay  
 stubs for last  
 two months  
 (black out  
 social  
 security  
 numbers).

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

## 2. Age and education

a. My age is (specify): 29

b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):e. I have: ☐ professional/occupational license(s) (specify):☐ vocational training (specify):

## 3. Tax Information

a. ☒ I last filed taxes for tax year (specify year): 2005b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately☒ married, filing jointly with (specify name): Britney J. Spearsc. I file state tax returns in ☒ California ☐ other (specify state):

d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 737,868  
 This estimate is based on (explain): Per Petitioner's Income and Expense Declaration dated May 21, 2007

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: October 10, 2007

KEVIN FEDERLINE

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

ORIGINAL

PETITIONER/PLAINTIFF: BRITNEY STEARS  
 RESPONDENT/DEFENDANT: KEVIN FEDERLINE  
 OTHER PARENT/CLAIMANT:

CASE NUMBER:  
 BD 455 662

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- |                                                                                                                                                                    | Last month | Average monthly |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| a. Salary or wages (gross, before taxes) .....                                                                                                                     | \$ - 0 -   | - 0 -           |
| b. Overtime (gross, before taxes) .....                                                                                                                            | \$         |                 |
| c. Commissions or bonuses .....                                                                                                                                    | \$         |                 |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....                                                            | \$         |                 |
| e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage * Ends 11/15/07 .....                 | \$20,000*  | 20,000          |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....                    | \$         |                 |
| g. Pension/retirement fund payments .....                                                                                                                          | \$         |                 |
| h. Social security retirement (not SSI) .....                                                                                                                      | \$         |                 |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance ..... | \$         |                 |
| j. Unemployment compensation .....                                                                                                                                 | \$         |                 |
| k. Workers' compensation .....                                                                                                                                     | \$         |                 |
| l. Other (military BAQ, royalty payments, etc.) (specify): .....                                                                                                   | \$         |                 |
6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- |                                 |    |  |
|---------------------------------|----|--|
| a. Dividends/interest .....     | \$ |  |
| b. Rental property income ..... | \$ |  |
| c. Trust income .....           | \$ |  |
| d. Other (specify): .....       | \$ |  |
7. **Income from self-employment, after business expenses for all businesses** .....
- I am the ☒ owner/sole proprietor ☐ business partner ☐ other (specify):  
 Number of years in this business (specify): 2  
 Name of business (specify): Gooseneck Productions, Inc. (see attached Statements of Revenues and Expenses for YTD 8/31/07 and  
 Type of business (specify): draft 2006 corporate returns.

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**
- |                                                                                                                   | Last month |
|-------------------------------------------------------------------------------------------------------------------|------------|
| a. Required union dues .....                                                                                      | \$         |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....                                 | \$         |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....                    | \$         |
| d. Child support that I pay for children from other relationships See expense items 13.a & 13.i at p. 3. ....     | \$ 4,060   |
| e. Spousal support that I pay by court order from a different marriage .....                                      | \$         |
| f. Partner support that I pay by court order from a different domestic partnership .....                          | \$         |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") ..... | \$         |
11. **Assets**
- |                                                                                                                                                       | Total        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....                                                  | \$ 726,468*  |
| b. Stocks, bonds, and other assets I could easily sell .....                                                                                          | \$           |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) ..... | \$ (6,611)** |

\* Subject to Respondent's accounts payable at 8/31/07 of \$124,547 (see attached statements).

\*\* Losses further subject to Gooseneck's accounts payable of \$103,196 (see attached statement of assets and liabilities and statement of accounts payable at 8/31/07).

PETITIONER/PLAINTIFF: <b>BRITNEY SPEARS</b>	CASE NUMBER:
RESPONDENT/DEFENDANT: <b>KEVIN FEDERLINE</b>	<b>BD 455 662</b>
OTHER PARENT/CLAIMANT:	

## 12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Sean Preston Federline	2	Son		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Jayden James Federline	1	Son		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

## 13. Average monthly expenses

☐ Estimated expenses    ☐ Actual expenses    ☐ Proposed needs

## a. Home:

(1) ☒ Rent or ☐ mortgage ..... \$ 12,500if mortgage: 2nd Home for 2 kids from 2,680(a) average principal: \$ other relationship in Corona, CA(b) average interest: \$                     (2) Real property taxes ..... \$                     (3) Homeowner's or renter's insurance  
(if not included above) ..... \$ 329(4) Maintenance and repair ..... \$                     b. Health-care costs not paid by insurance ... \$                     c. Child care ..... \$ 6,495d. Groceries and household supplies ..... \$ 1,000e. Eating out ..... \$ 750f. Utilities (gas, electric, water, trash) ..... \$ 900g. Telephone, cell phone, and e-mail ..... \$ 300h. Laundry and cleaning ..... \$ 1,800i. Clothes ..... \$ 1,000j. Education (Tuition for 2 kids from  
other relationship) ..... \$ 1,360k. Entertainment, gifts, and vacation ..... \$ 1,750l. Auto expenses and transportation  
(insurance, gas, repairs, bus, etc.) ..... \$ 700m. Insurance (life, accident, etc.; do not  
include auto, home, or health insurance) \$                     n. Savings and investments ..... \$                     o. Charitable contributions ..... \$                     p. Monthly payments listed in item 14  
(itemize below in 14 and insert total here) \$                     q. Other (specify): ..... \$                     r. **TOTAL EXPENSES** (a-q) (do not add in  
the amounts in a(1)(a) and (b)) \$ 31,564s. Amount of expenses paid by others \$                     

## 14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
See attached statement of Respondent's accounts payable @ 8/31/07		\$	\$ 124,547	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

## 15. Attorney fees (This is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ 31,912.50 toward post 7/31/07 services

b. The source of this money was (specify): Savings

c. I still owe the following fees and costs to my attorney (specify total owed): \$ 154,515

d. My attorney's hourly rate is (specify): \$ 325 - \$550

I confirm this fee arrangement.

Date: October 10, 2007

MARK VINCENT KAPLAN

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: **BRITNEY SPEARS**  
 RESPONDENT/DEFENDANT: **KEVIN FEDERLINE**  
 OTHER PARENT/CLAIMANT:

CASE NUMBER:  
**BD 455 662**

### CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

#### 16. Number of children

- a. I have (specify number): 2 children under the age of 18 with the other parent in this case.  
 b. The children spend 50 percent of their time with me and 50 percent of their time with the other parent.  
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

#### 17. Children's health-care expenses

- a. ☐ I do ☒ I do not have health insurance available to me for the children through my job.  
 b. Name of insurance company:  
 c. Address of insurance company:

- d. The monthly cost for the children's health insurance is or would be (specify): \$  
 (Do not include the amount your employer pays.)

#### 18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training ..... \$ Incl. in 13.c  
 b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_  
 c. Travel expenses for visitation ..... \$ \_\_\_\_\_  
 d. Children's educational or other special needs (specify below): ..... \$ \_\_\_\_\_

#### 19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b ..... \$ \_\_\_\_\_  
 b. Major losses not covered by insurance (examples: fire, theft, other insured loss) ..... \$ \_\_\_\_\_  
 c. (1) Expenses for my minor children who are from other relationships and are living with me ..... \$ \_\_\_\_\_  
 (2) Names and ages of those children (specify):  
 (3) Child support I receive for those children ..... \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

#### 20. Other information I want the court to know concerning support in my case (specify):

08/08/18

# Kantor

LAURENCE P. KANTOR  
CERTIFIED PUBLIC ACCOUNTANT  
MEMBER  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
CALIFORNIA SOCIETY OF  
CERTIFIED PUBLIC ACCOUNTANTS

ACCOUNTANCY CORPORATION  
16830 VENTURA BOULEVARD, SUITE 326  
ENCINO, CALIFORNIA 91436

TELEPHONE  
(818) 986-4640  
FACSIMILE  
(818) 501-8813

## ACCOUNTANT'S COMPILATION REPORT

We have compiled the accompanying statement of assets and liabilities - cash basis of Gooseneck Productions, Inc. (A California Corporation) as of August 31, 2007 and the related statement of revenue and expenses for the eight months then ended, and accompanying supplementary information contained in schedule of operating expenses-cash basis which is presented for supplementary purpose in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The financial statement has been prepared on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements and supplementary schedule information that is the representation of management. We have not audited or reviewed the accompanying financial statement and, accordingly, do not express an opinion or any other form of assurance on them.

Management has elected to omit substantially all of the disclosures ordinarily included in a financial statement prepared on the cash basis of accounting. If the omitted disclosures were included in the financial statement they might influence the user's conclusions about the Company's financial position. Accordingly, this financial statement is not designed for those who are not informed about such matters.

We are not independent with respect to Gooseneck Productions, Inc.

Encino, California  
October 3, 2007

*Kantor Accountancy Corp.*

**Gooseneck Productions, Inc.**  
**Statement of Assets and Liabilities**  
**August 31, 2007**  
**(Unaudited)**

**Assets**

Buildings & Other Depreciable Assets	\$ 276,636	
LESS: Accumulated Depreciation	<u>189,292</u>	
<b>Total Assets</b>		<b>\$ <u>87,344</u></b>

**Liabilities**

Bank Overdraft	4,767	
Loans from Shareholder	<u>89,188</u>	
<b>Total Liabilities</b>		<b>93,955</b>

**Equity**

Common Stock	2,000	
Retained Earnings @ 12/31/06	104,356	
Excess of Expenses over Revenue	<u>(112,967)</u>	
<b>Total Equity</b>		<b><u>(6,611)</u></b>
<b>Total Liabilities &amp; Equity</b>		<b>\$ <u>87,344</u></b>

**Gooseneck Productions, Inc.**  
**Statement of Revenue and Expenses**  
For the Eight Months Ended August 31, 2007

Jan - Aug 07

<b>Revenue</b>	
Acting Income	377,000.00
Appearance Income	74,000.00
Interest Income	0.18
Music Income	7,550.25
Other Income	32.35
Residual Income	10,076.05
<b>Total Income</b>	<b>468,858.83</b>
<b>Expense</b>	
Advertising	1,461.37
Automobile Expense	
Auto - Officer Personal Use	-13,688.00
Automobile Expense - Other	34,325.36
<b>Total Automobile Expense</b>	<b>20,637.36</b>
Automobile Lease - GMAC	4,782.18
Bank Service Charges	512.46
Business Licenses and Permits	25.00
Business Management Fees	28,000.00
Commissions	199,047.05
Computer and Internet Expenses	2,799.60
Delivery and Freight	1,400.28
Depreciation Expense	16,742.00
Dues and Subscriptions	304.69
Employee Benefits	888.62
Estimated Income Tax	800.00
Insurance Expense	
Automobile Insurance	10,825.00
Health Insurance	600.00
Worker's Compensation	9,557.00
Insurance Expense - Other	3,717.00
<b>Total Insurance Expense</b>	<b>24,699.00</b>
Legal Fees	42,481.01
Miscellaneous Expense	0.18
Music Production Expense	46,682.50
Outside Services	12,422.06
Penalties and Interest	1,535.00
Professional Fees	41,120.00
Public Relations	8,000.00
Repairs and Maintenance	6,241.64
Research and Development	1,250.37
Security Services	7,540.00
Show Expense	30,287.46
Storage	5,783.98
Supplies	245.84
Telephone Expense	3,229.33
Uncategorized Expense	0.00
Utilities	
LA DWP	2,252.34
<b>Total Utilities</b>	<b>2,252.34</b>
Video Production Expense	2,155.29
Wages	
Security Wages	68,300.00
Wages - Other	0.00
<b>Total Wages</b>	<b>68,300.00</b>
<b>Total Expenses</b>	<b>581,626.61</b>
<b>Excess of Expenses over Revenue</b>	<b>-112,867.78</b>



**Gooseneck Productions**  
**Accounts Payable @ 8/31/07**

Payee	Invoice Date	Invoice Number	Amount	Due Date	PD	Description
Allison Joyce			2,500.00			Salary
Allison Joyce			4,641.15			Reimbursement for Credit Card
American Express			25,134.78			
Bosko Kante			25,000.00			Remaining Balance Due
City National Bank - CC			7,898.42			Credit Card
City National Bank			942.14			Auto Loan Payment/Dodge
Davis Shapiro Lewit & Hayes	7/19/2007	31262	12.19			
Dmand Entertainment			4,269.37			15% Commission
Gelfand, Rennert & Feldman			23,922.00			
GMAC			797.03			Lease on 2007 Yukon
Judy Casey, Inc.			5,850.91			Wardrobe for 2006 Grammy's
Marilyn Lopez			1,000.00			Monthly Public Relations Fee
N2N Entertainment, Inc.			652.70			Commission for One Tree Hill
Sprint			157.69			
T-Mobile			67.30			
Verio, Inc.			349.95			Web Hosting
<b>TOTAL</b>			<b>103,195.63</b>			

Michael Greaves      Security      \$1500/week  
 Lonnie Jones      Security      \$1500/week

06/08/18

Form 1120S

Department of the Treasury  
Internal Revenue Service

## U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed Form 2553 to elect to be an S corporation.  
See separate instructions.

OMB No. 1545-0130

2006

For calendar year 2006 or tax year beginning 2006, ending

<b>A</b> Effective date of election 4/18/2005	<b>Use the IRS label. Otherwise, print or type.</b> GOOSENECK PRODUCTIONS, INC. 16830 VENTURA BLVD., #326 ENCINO, CA 91436	<b>C</b> Employer identification number [REDACTED]
<b>B</b> Business activity code number (see instructions) 711100		<b>D</b> Date incorporated 4/18/2005
		<b>E</b> Total assets (see instructions) \$ 112,959.

**F** Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

**G** Enter the number of shareholders in the corporation at the end of the tax year 1

**H** Check if Schedule M-3 is required (attach Schedule M-3) 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>INCOME</b>	1a Gross receipts or sales: 632,446.	b Less returns and allowances: [REDACTED]	c Bal	1c	632,446.
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	632,446.
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	632,446.
<b>DEDUCTIONS</b>	7 Compensation of officers			7	
	8 Salaries and wages (less employment credits)			8	
	9 Repairs and maintenance			9	
	10 Bad debts			10	
	11 Rents			11	
	12 Taxes and licenses			12	8,070.
	13 Interest			13	1,304.
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14	41,805.
	15 Depletion (Do not deduct oil and gas depletion)			15	
	16 Advertising			16	30,577.
	17 Pension, profit-sharing, etc. plans			17	
<b>INSTRUCTIONS</b>	18 Employee benefit programs			18	
	19 Other deductions (attach statement) SEE STATEMENT 1			19	538,306.
	20 Total deductions. Add lines 7 through 19			20	620,062.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	12,384.

<b>TAX AND PAYMENTS</b>	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)			22c	
	23a 2006 estimated tax payments and 2005 overpayment credited to 2006	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Credit for federal telephone excise tax paid (attach Form 8913)	23d			
	e Add lines 23a through 23d			23e	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
	25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25	0.
26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26		
27 Enter amount from line 26 Credited to 2007 estimated tax	Refunded		27		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Paid

Preparer's Use Only

Preparer's signature

LAURENCE KANTOR, CPA

Date

Check if self-employed

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

KANTOR ACCOUNTANCY CORPORATION  
16830 VENTURA BLVD. SUITE 326  
ENCINO, CA 91436

EIN

Phone no. (818) 986-4640

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SPSA0105L 01/05/07

Form 1120S (2006)

**Part II Cost of Goods Sold (see instructions)**

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2.	8

**9a Check all methods used for valuing closing inventory:**

- (i) ☐ Cost as described in Regulations section 1.471-3  
 (ii) ☐ Lower of cost or market as described in Regulations section 1.471-4  
 (iii) ☐ Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c). ☐ Yes ☐ Noc Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970). ☐ Yes ☐ Nod If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO. ☐ 9d ☐ Yes ☐ Noe If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☐ Yes ☐ Nof Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation. ☐ Yes ☐ No**Part III Other Information (see instructions)**

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____		
2 See the instructions and enter the: a Business activity <b>ENTERTAINMENT SERVIC</b> b Product or service <b>MUSIC PRODUCTION</b>		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		X
5 Has this corporation filed, or is it required to file, a return under section 6011 to provide information on any reportable transaction?		X
6 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>		
7 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. \$ _____		
8 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
9 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1. <input checked="" type="checkbox"/>		X

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

**Part IV Shareholders' Pro Rata Share Items**

	Total amount
1 Ordinary business income (loss) (page 1, line 21)	1 12,384.
2 Net rental real estate income (loss) (attach Form 8825)	2
3a Other gross rental income (loss)	3a
b Expenses from other rental activities (attach statement)	3b
c Other net rental income (loss). Subtract line 3b from line 3a.	3c
4 Interest income	4
5 Dividends: a Ordinary dividends	5a 1,050.
b Qualified dividends	5b
6 Royalties	6
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
b Collectibles (28%) gain (loss)	8b
c Unrecaptured section 1250 gain (attach statement)	8c
9 Net section 1231 gain (loss) (attach Form 4797)	9
10 Other income (loss) (see instructions)	10

Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11 Section 179 deduction (attach Form 4562).....	11
	12a Contributions.....	12a
	b Investment interest expense.....	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)
	d Other deductions (see instructions) Type ▶	12d
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a
	b Low-income housing credit (other).....	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468).....	13c
	d Other rental real estate credits (see instrs) Type ▶	13d
	e Other rental credits (see instrs) Type ▶	13e
	f Credit for alcohol used as fuel (attach Form 5478).....	13f
	g Other credits (see instructions) Type ▶	13g
Foreign Transactions	14a Name of country or U.S. possession.....	
	b Gross income from all sources.....	14b
	c Gross income sourced at shareholder level.....	14c
	Foreign gross income sourced at corporate level.....	
	d Passive.....	14d
	e Listed categories (attach statement).....	14e
	f General limitation.....	14f
	Deductions allocated and apportioned at shareholder level.....	
	g Interest expense.....	14g
	h Other.....	14h
	Deductions allocated and apportioned at corporate level to foreign source income.....	
	i Passive.....	14i
	j Listed categories (attach statement).....	14j
	k General limitation.....	14k
Other information.....		
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.....	14l	
m Reduction in taxes available for credit (attach statement).....	14m	
n Other foreign tax information (attach statement).....		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment.....	15a 7,537.
	b Adjusted gain or loss.....	15b
	c Depletion (other than oil and gas).....	15c
	d Oil, gas, and geothermal properties — gross income.....	15d
	e Oil, gas, and geothermal properties — deductions.....	15e
	f Other AMT items (attach statement).....	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income.....	16a
	b Other tax-exempt income.....	16b
	c Nondeductible expenses.....	16c 14,026.
	d Property distributions.....	16d 194,397.
	e Repayment of loans from shareholders.....	16e
Other Information	17a Investment income.....	17a 1,050.
	b Investment expenses.....	17b
	c Dividend distributions paid from accumulated earnings and profits.....	17c
	d Other items and amounts (attach statement).....	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14j.....	18 13,434.

BAA

Form 1120S (2006)

Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1 Cash			183,694.		8,873.
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (attach stmt)	SEE ST. 2		2,000.		
7 Loans to shareholders					
8 Mortgage and real estate loans					
9 Other investments (attach statement)					
10a Buildings and other depreciable assets		276,636.		276,636.	
b Less accumulated depreciation		130,745.	145,891.	172,550.	104,086.
11a Depletable assets					
b Less accumulated depletion					
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization					
14 Other assets (attach stmt)					
15 Total assets			331,585.		112,959.
Liabilities and Shareholders' Equity					
16 Accounts payable					
17 Mortgages, notes, bonds payable in less than 1 year					
18 Other current liabilities (attach stmt)	SEE ST. 3		30,240.		
19 Loans from shareholders					6,603.
20 Mortgages, notes, bonds payable in 1 year or more					
21 Other liabilities (attach statement)					
22 Capital stock					2,000.
23 Additional paid-in capital					
24 Retained earnings			299,345.		104,356.
25 Adjustments to shareholders' equity (attach stmt)					
26 Less cost of treasury stock					
27 Total liabilities and shareholders' equity			331,585.		112,959.

## Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1 Net income (loss) per books	-592.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 14i, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$	14,026.	7 Add lines 5 and 6	0.
4 Add lines 1 through 3	14,026.	8 Income (loss) (Schedule K, line 18). Ln 4 less ln 7...	13,434.
	13,434.		

## Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	299,345.		
2 Ordinary income from page 1, line 21	12,384.		
3 Other additions SEE STATEMENT 4	1,050.		
4 Loss from page 1, line 21			
5 Other reductions SEE STATEMENT 5	( 14,026.)		
6 Combine lines 1 through 5	298,753.		
7 Distributions other than dividend distributions	194,397.		
8 Balance at end of tax year. Subtract line 7 from line 6	104,356.		

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2006

## FEDERAL STATEMENTS

PAGE 1

GOOSENECK PRODUCTIONS, INC.

STATEMENT 1  
FORM 1120S, LINE 19  
OTHER DEDUCTIONS

AGENTS FEES.....	\$	82,863.
AUTO AND TRUCK EXPENSE.....		12,900.
AUTO EXPENSE-OFFICER PERSONAL USE.....		-3,870.
BANK CHARGES.....		7.
BUSINESS MANAGEMENT.....		12,400.
COMMISSIONS.....		35,092.
DUES AND SUBSCRIPTIONS.....		1,589.
EQUIPMENT RENTALS.....		376.
GIFTS.....		1,055.
INSURANCE.....		5,994.
LEGAL AND PROFESSIONAL.....		15,407.
MAKEUP HAIRDRESSING.....		950.
MEALS AND ENTERTAINMENT EXPENSE.....		14,026.
OFFICE EXPENSE.....		6,083.
OUTSIDE SERVICES.....		55,785.
RECORDING COST.....		64,662.
REIMBURSED EXPENSES.....		250.
RESEARCH.....		2,222.
SECURITY.....		5,100.
STAGE PRODUCTIONS.....		135,462.
STORAGE.....		748.
TELEPHONE.....		3,864.
TRANSPORTATION LOCAL.....		17,582.
TRAVEL.....		56,098.
WARDROBE.....		17,405.
WARDROBE-OFFICER PERSONAL.....		-5,744.
TOTAL.....	\$	<u>538,306.</u>

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STATEMENT 2  
FORM 1120S, SCHEDULE L, LINE 6  
OTHER CURRENT ASSETS

	BEGINNING	ENDING
.....	\$ 2,000.	\$ 0.
TOTAL	<u>\$ 2,000.</u>	<u>\$ 0.</u>

STATEMENT 3  
FORM 1120S, SCHEDULE L, LINE 18  
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
CHRYSLER FINANCIAL.....	\$ 30,240.	\$ 0.
TOTAL	<u>\$ 30,240.</u>	<u>\$ 0.</u>

2006

FEDERAL STATEMENTS

PAGE 2

GOOSENECK PRODUCTIONS, INC.

STATEMENT 4  
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 3  
OTHER ADDITIONS

ORDINARY DIVIDENDS		\$	1,050.
TOTAL		\$	<u>1,050.</u>

STATEMENT 5  
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5  
OTHER REDUCTIONS

DISALLOWED MEALS AND ENTERTAINMENT		\$	14,026.
TOTAL		\$	<u>14,026.</u>

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8/1/80/90

**Kevin Federline**  
**Accounts Payable @ 8/31/07**

Payee	Invoice Date	Invoice Number	Amount	Due Date	PD	Description
AT&T						
Direct TV						
Joséph. Malek			12,500.00	9/15/2007		Rent for Tarzana, CA
Kaplan & Simon, LLP			22,091.85			
LA DWP						
Leading Edge Recovery Solutions			481.15			Pacific Bell
Leor - Jewellers of Las Vegas			60,000.00			
Montessori School of Corona			12,210.30			Tuition for Kori & Kaleb
Primary Caring of Malibu			444.00			Medical Services
Primary Caring of Malibu			4,800.00			Membership Renewal
The Gas Company						
The Grapevine			5,850.00			Nanny Service Fee
Wallace Li			5,610.00			Qtrly Rent for Corona, CA
Wonderland			560.00	ASAP		Kori/Kaleb Gymnastics Jan-Apr '07
<b>TOTAL</b>			<b>124,547.30</b>			

Jenny McCarthy  
 Lourdes Torrez

Nanny: \$1500/week  
 Housekeeper? \$1400/month